

**Presentation of Chair of Tobacco Use  
Prevention and Control Commission  
1/25/2006**

The Tobacco Use Prevention and Control Commission strongly supports raising Iowa's tobacco user fee (now called a tax). Fewer people will smoke; fewer people will die prematurely.

As Chair of the Commission and now in my sixth year on the Commission, I can truthfully describe to you the comprehensive efforts that our Division employs to decrease the usage of tobacco in our state. We fund the Quitline, JEL, community partnerships, law enforcement compliance checks of retailers to prevent tobacco sales to minors, and media efforts to reduce tobacco use. In several of these areas, we have been recognized nationally. These efforts are all consistent with a state that touts quality of life as one of our main virtues.

Yet, Iowa has the lowest tax rate in the nation of non-tobacco growing states. Iowa exports tobacco and its burden of disease to surrounding states.

My daughter is currently studying at the World Health Organization in Geneva, Switzerland. As a civilization, we are making great strides in fighting natural causes of disease and death, such as reducing polio from hundreds of thousands of deaths in 1988 to only being found in four countries in 2005; however, she reports to me that the WHO now estimates that by 2020 a man-made cause-tobacco-will be the number one cause of the burden of disease world-wide.

As a family physician and hospice medical director, I work daily with patients trying to both prevent the start and help the cessation of tobacco use. Also, daily, I work with patients who have incurable and ultimately, fatal tobacco related diseases-cancer, heart disease, lung disease. From these efforts, I have learned in the end, very few people smoke for enjoyment; they do it because it is an addiction. It is a disease. Furthermore, that with support, counseling, and sometimes medications, the vast majority of people can quit.

Current statistics indicate that 21% of Iowa's adults smoke and 75% of them want to quit. That leaves roughly 6% of Iowans who would argue with the premise that we should raise the tobacco tax in order to reduce tobacco use in the state.

The Legislature, the Governor, and the State of Iowa has a chance to be bold. We have a chance to lead. By raising the tax and placing some of that money into cessation efforts, we live up to our founders' ideals that government exists to promote "life, liberty, and the pursuit of happiness." To be bold; to be a leader; we need to raise the tax by a dollar. The tobacco companies who for years have prevented raising the tax are now trying to minimize their losses by pushing for a less than one dollar increase. The polls and the election indicate what Iowans want for an increase.

Medically, I have two ideas to share with you. One, statistics indicate that 40% of Iowans who smoke have a separate mental health disease which from my medical judgment, would make it more difficult to quit smoking. This fact supports using tobacco tax monies for enhancing

Medicaid mental health infrastructure, which severely needs help. Two, given the current emphasis on chronic disease management, the dual diagnoses of diabetes and tobacco addiction carry an absurdly high potential for fatal heart disease. Raising the tobacco tax and therefore, reducing tobacco use in diabetic patients alone would save lives and as well as result in significant cost savings.

Finally, by viewing this tax as a user fee, we recognize that if fewer people smoke, the fee will generate less money. The Commission's goal is not to create a permanent funding stream for this or future state governments; our goal is to reduce tobacco use and eventually have this revenue source become inconsequential.